Dental Care Guidelines

Self-care
Diabetes patients must maintain a rigorous oral self-care regimen to minimize oral health problems that may complicate glycemic control since the mouth is the first part of the digestive process. Regular visits (generally twice a year) to their dentist for a dental examination and dental prophylaxis and necessary radiographs are recommended to achieve an optimal oral health status. This rate of dental visitation is dependent on the patient's oral health status. Regular brushing and flossing are essential to keep the teeth and gums healthy. A history of stroke or musculoskeletal disorders might necessitate the use of other mechanical or electric dental devices to accomplish optimal goals of oral health.

Dental Problems
The major oral health complications of diabetes are: periodontal disease, salivary gland disorders, oral soft tissue infections, and possibly caries (dental decay). The quality and extent of these problems are largely dependent on the level of glycemic control, the age of the patient, prior history and length of time of medical or dental problems, and the dental IQ or self-efficacy of the patient. Furthermore, medications may by themselves cause oral health problems such as gingival hyperplasia and xerostomia. Aggressive management of these dental problems and optimal oral self-care by the patient is necessary to minimize the impact on glycemic control and the patient's quality of life.

Medical Complications
Bone, thyroid, gastrointestinal, musculoskeletal, cognitive, and psychosocial complications and some of the therapeutic regimens all have varying oral health implications. Both bone and thyroid metabolic disturbances have oral health implications. Gastrointestinal problems such as GERD may cause enamel erosion. Musculoskeletal changes and tooth loss will affect the ability to masticate and patients will shift their diets to softer foods. Cognitive problems will influence the ability of the patient to comprehend the caregiver's instructions and provide self-care. Bulimia will cause enamel erosion and dental decay.These problems have been shown to worsen the oral condition. Patients with these conditions should be asked about their oral health status and encouraged to seek dental preventative care.

Denture Care
Many patients that wear dentures feel that once their teeth are gone there is no need to seek further dental care. This could not be further from the truth. Individuals with dentures normally lose chewing function by over 50%. These patients need yearly oral examinations. This includes evaluating the oral structures for soft tissue infections, denture sores, and an oral cancer screening examination. Members of the Diabetes Care Team should ask these patients to remove their dentures to assess fit and function and whether prompt dental referral is needed. Debris, calculus, broken teeth or acrylic base cracks are some indicators that there is a problem. Worn or loose dentures or those that are over five years old should be replaced. Some loose dentures can be relined or rebased to improve the fit if the teeth if they are in good shape. A self-care regimen of daily tissue scrubs using a washcloth and toothpaste maintains the underlying gum tissue in good health. The dentures should be removed nightly, cleaned using a denture brush and toothpaste, and stored in water. Denture cleaning tablets should be used daily or dentures should be soaked nightly in diluted bleach (1 ounce of bleach in 4 cups of water) to disinfect dentures. Denture cleaning tablets may be used 2-3 times a week. Coffee, tea, and tobacco use tend to heavily stain a denture. Dentures can also accumulate plaque and calculus. *Candida* infections may be due to a combination of a poor fitting prosthesis or poor host immune response. Treatment of *Candida* involving a prosthesis should include soaking the prosthesis in Nystatin solution daily and the use of the rinse orally (swish and swallow) or if it persists utilize Diflucan. Ensuring that a denture has an optimal fit and comfort will help the patient improve glycemic control and achieve the goals of medical nutrition therapy.